### Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 1 of 56

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Michael First name  R Middle name	First name  Middle name	
	Bring your picture identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have	ve		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5504		

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 2 of 56

Case number (if known)

Debtor 1 Michael R Luciano

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		_		☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)		Business name(s)		
		EINs	-	EINs		
5.	Where you live	409 N. Western Avenue		If Debtor 2 lives at a different address:		
		Park Ridge, IL 60068  Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code		
		Cook		· · · · · · · · · · · · · · · · · · ·		
		County		County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:		Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
			-			

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 3 of 56

Case number (if known) Debtor 1 Michael R Luciano

ar	Tell the Court About	Your B	ankruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Require</i> page 1 and check the appro	d by 11 U.S.C. § 342(b) for Individuals Formate box.	Filing for Bankruptcy
	choosing to file under	<b>■</b> C	hapter 7				
		□с	hapter 11				
		□с	hapter 12				
		□с	hapter 13				
3.	How you will pay the fee	•	about how yo	u may pay. Typ attorney is subr	ically, if you are paying the f	check with the clerk's office in your loca ee yourself, you may pay with cash, cas behalf, your attorney may pay with a cr	hier's check, or money
☐ I need to pay the fee in installments. If you choose this option, sign and attach the Applicat The Filing Fee in Installments (Official Form 103A).						option, sign and attach the Application	for Individuals to Pay
						option only if you are filing for Chapter 7	
			applies to you	ur family size ar	nd you are unable to pay the	fee in installments). If you choose this o (Official Form 103B) and file it with your	ption, you must fill out
9.	Have you filed for bankruptcy within the	■ No	Э.				
	last 8 years?	☐ Ye					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No	)				
	cases pending or being filed by a spouse who is	□Ye	es.				
	not filing this case with you, or by a business partner, or by an affiliate?						
			Debtor			Relationship to you	
			District		When	Case number, if know	/n
			Debtor			Relationship to you	
			District		When	Case number, if know	n
11.	Do you rent your	□ No	o. Go to l	ine 12.			
	residence?	■ Ye	As Has yo	ur landlord obta	ained an eviction judgment a	gainst you and do you want to stay in yo	our residence?
		6	;s.	No. Go to line	12.		
			_			ction Judgment Against You (Form 101A	and file it with this
			_	bankruptcy pet	iition.		

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 4 of 56

Case number (if known) Debtor 1 Michael R Luciano

art	3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	Name and location of business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	Number, Street, City, State & ZIP Code			
	it to this petition.		Check	Check the appropriate box to describe your business:			
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))		
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))		
				None of the above	e		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate these. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .S.C. 1116(1)(B).				
	For a definition of small	No.	ı am n	ot filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am fi	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
art	4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	the hazard?			
	identifiable hazard to public health or safety? Or do you own any						
	property that needs immediate attention?			liate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?			
					Number, Street, City, State & Zip Code		

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 5 of 56

Debtor 1 Michael R Luciano

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

<b>About Debtor 2</b>	(Spouse	Only in a	Joint	Case):
-----------------------	---------	-----------	-------	--------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

Deb	tor 1 Michael R Lucian	0	Document	Page 6 of 56	Case number (if known	n)
Pari			rting Purposes			
	What kind of debts do you have?	16a. <b>A</b> r	<u> </u>			1 U.S.C. § 101(8) as "incurred by an
	,		No. Go to line 16b.	<b>7</b> ,	,	
		•	Yes. Go to line 17.			
			e your debts primarily business oney for a business or investment			
			No. Go to line 16c.			
			Yes. Go to line 17.			
		16c. Sta	ate the type of debts you owe that	are not consumer deb	ts or business debts	
17.	Are you filing under Chapter 7?	□ No. la	m not filing under Chapter 7. Go to	o line 18.		
afte pro	Do you estimate that after any exempt property is excluded and		m filing under Chapter 7. Do you e e paid that funds will be available t			xcluded and administrative expenses
	administrative expenses are paid that funds will		No			
	be available for distribution to unsecured creditors?		Yes			
18.	How many Creditors do you estimate that you	<b>1</b> -49		1,000-5,000		25,001-50,000
	owe?	□ 50-99 □ 100-199 □ 200-999		□ 5001-10,000 □ 10,001-25,000		1 50,001-100,000 1 More than100,000
19.	How much do you estimate your assets to	<b>■</b> \$0 - \$50,0	, , ,	⊒ \$1,000,001 - \$10 m		\$500,000,001 - \$1 billion
	be worth?	\$50,001 -	Ψ100,000	□ \$10,000,001 - \$50 □ \$50,000,001 - \$100		l \$1,000,000,001 - \$10 billion l \$10,000,000,001 - \$50 billion
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$100,000,001 - \$500 million		☐ More than \$50 billion
20.	How much do you estimate your liabilities	\$0 - \$50,0	,	□ \$1,000,001 - \$10 m		\$500,000,001 - \$1 billion
	to be?	□ \$50,001	- ψ100,000 <b>-</b>	□ \$10,000,001 - \$50 □ \$50,000,001 - \$100		\$1,000,000,001 - \$10 billion \$1,000,000,001 - \$50 billion
		☐ \$100,001 - \$500,000 ☐ \$500,001 - \$1 million		□ \$100,000,001 - \$50		More than \$50 billion
Part	7: Sign Below					
For	you	I have exami	ned this petition, and I declare und	der penalty of perjury t	hat the information p	rovided is true and correct.
			sen to file under Chapter 7, I am a s Code. I understand the relief ava			
			represents me and I did not pay on the represent of the notice of the notice of the notice of the representation of the representati			orney to help me fill out this
		I request reli	ef in accordance with the chapter of	of title 11, United State	es Code, specified in	this petition.
		bankruptcy c and 3571.				rty by fraud in connection with a both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Michael R Signature of	Luciano	Signat	ture of Debtor 2	
				_	to do a	
		Executed on	June 30, 2017 MM / DD / YYYY	Execu	ted on MM / DD / \	YYYY

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 7 of 56

Debtor 1 Michael R Luciano Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joel S. Hymen	Date	June 30, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
Joel S. Hymen		
rinted name		
Jole S. Hymen		
irm name		
411 McHenry Rd., Suite 125		
Buffalo Grove, IL 60089		
lumber, Street, City, State & ZIP Code		
Contact phone <b>847-276-2790</b>	Email address	jhymen@jhymenlaw.com
Bar number & State		

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

		DOCUM	<u>-ni Pade 8 di 56</u>		
Fill in this infor	mation to identify your	case:			
Debtor 1	Michael R Lucian	0			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 14.739.81 1c. Copy line 63, Total of all property on Schedule A/B..... 14,739.81 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 0.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 48,818.69 Your total liabilities \$ 48.818.69 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 3,454.18 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 4,828.23 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Case 17-19902 Document

Page 9 of 56
Case number (if known) Debtor 1 Michael R Luciano

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,673.08

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	im
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

Document Page 10 of 56 Fill in this information to identify your case and this filing: Debtor 1 Michael R Luciano First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... two kitchen tables, two beds, one crib, 3 dressers, 1 desk, 1 water \$500.00 cooler, refrigerator

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Official Form 106A/B Schedule A/B: Property page 1

	Case 17-19902	Doc 1	Filed 06/30/17 Document	Entered 06/30/17 16:15:17 Page 11 of 56	Desc Main
Debtor 1	Michael R Luciano		Document	Case number (if known)	
■ Yes.	Describe				
	1 lap to	pp			\$200.00
Example No	bles of value les: Antiques and figurines; other collections, memo			oks, pictures, or other art objects; stamp, coin	or baseball card collections;
Example ■ No □ Yes.	musical instruments  Describe		other hobby equipment;	bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No	<b>ns</b> oles: Pistols, rifles, shotguns Describe	s, ammunitior	n, and related equipmen	t	
□ No <sup>′</sup>	es ples: Everyday clothes, furs Describe	, leather coat	s, designer wear, shoes	, accessories	
	necess	ary man's	and children's weari	ng apparel	\$1,200.00
■ No □ Yes.  13. Non-fa Examp ■ No □ Yes.	Describe  nrm animals ples: Dogs, cats, birds, hors  Describe	es		ding rings, heirloom jewelry, watches, gems, g	gold, silver
	Give specific information				
	the dollar value of all of yo art 3. Write that number h			ny entries for pages you have attached	\$1,900.00
	scribe Your Financial Assets				
Do you ov	vn or have any legal or eq	uitable inter	est in any of the follow	ring?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	ples: Money you have in you			osit box, and on hand when you file your petiti	on
. 55				Cash	\$20.00

Official Form 106A/B Schedule A/B: Property page 2

	Case 17-1	9902		ed 06/30/17 ocument	Entered 06/30/17 16:15:17 Page 12 of 56	Desc Main
Debtor	Michael R Luc	ciano			Case number (if known)	
	institutions. If		r other financial acco ve multiple accounts		f deposit; shares in credit unions, brokerage hitution, list each.	nouses, and other similar
	es			Institution n	ame:	
		17.1.	checking	US Bank		\$1,000.00
		17.2.	checking/saving account for min son			\$166.54 
		17.3.	checking	US Bank		\$21.41
		17.4.	Checking	US Bank		\$277.76
		17.5.	Savings account for minor daugh			\$595.02
		17.6.	savings accoun with father	t US Bank		\$40.09
		17.7.	Savings	US Bank		\$133.99
Exa ■ N	-		ent accounts with bro		ey market accounts	
19. <b>No</b> r	es n-publicly traded sto nt venture	ck and	Institution or issuer r interests in incorpo		rporated businesses, including an interes	t in an LLC, partnership, and
■ N	lo					
ПΥ	es. Give specific info		about them me of entity:		% of ownership:	
Ne	egotiable instruments i	nclude p	personal checks, cas	niers' checks, pron	gotiable instruments nissory notes, and money orders. by signing or delivering them.	
■ N	lo		-			
ПΥ	es. Give specific infor		about them uer name:			
	•			03(b), thrift savings	s accounts, or other pension or profit-sharing	plans
	es. List each account		tely. of account:	Institution n	ame:	
Yo	amples: Agreements v	deposit	ts you have made so		inue service or use from a company tric, gas, water), telecommunications compar	nies, or others
ПΥ	es			Institution n	ame or individual:	

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No Issuer name and description. ☐ Yes.....

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Page 13 of 56

Case number (if known) Document Debtor 1 Michael R Luciano 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2016 Federal Tax Refund \$7,090.00 **Federal** 2016 State Tax Refund \$245.00 State 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Pursuant to a Judgment of Dissolution of Marriage entered in the Circuit Court of Kane County Illinois in case number 2014 D 905, Debtors former spouse was to pay \$25.00 per week as and for child support. No payments \$3,250,00 Child Support received since December 31, 2015.

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information  33. Claims against third parties, whether or not you have filled a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim  No Yes. Describe each claim  No Yes. Describe each claim  So. Any financial assets you did not already list No Yes. Give specific information  Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	Debtor 1	Michael R Luciano		Document	Page 14 of	56 Case number (ii		iviaiii
Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim	If you somed	are the beneficiary of a livin one has died.				are currently entitle	d to receive prop	erty because
No	Examp ■ No	oles: Accidents, employmen				and for payment		
No   Yes. Give specific information  36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	■ No		ed claims of eve	ery nature, includin	g counterclaims	of the debtor and r	ights to set off	claims
Fart 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  37. Do you own or have any legal or equitable interest in any business-related property?  No. Go to Part 6.  Yes. Go to line 38.  Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	■ No	•	already list					
37. Do you own or have any legal or equitable interest in any business-related property?  No. Go to Part 6.  Yes. Go to line 38.  Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?							hed 	\$12,839.81
No. Go to Part 6.  Yes. Go to line 38.  Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	Part 5: De	scribe Any Business-Related	Property You Ow	n or Have an Interest	In. List any real esta	ate in Part 1.		
If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	No. Go	to Part 6.	table interest in a	ny business-related p	roperty?			
					n or Have an Interes	st In.		
Yes. Go to line 47.	■ No.	Go to Part 7.	equitable intere	est in any farm- or	commercial fishir	ng-related property	??	
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	Part 7:	Describe All Property You	Own or Have an In	terest in That You Did	d Not List Above			

Official Form 106A/B Schedule A/B: Property page 5

53. Do you have other property of any kind you did not already list?

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

Examples: Season tickets, country club membership

 $\hfill \square$  Yes. Give specific information.......

■ No

\$0.00

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

Page 15 of 56

Case number (if known) Document Debtor 1 Michael R Luciano

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$1,900.00		
58.	Part 4: Total financial assets, line 36	\$12,839.81		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$14,739.81	Copy personal property total	\$14,739.81
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$14,739.81

Official Form 106A/B Schedule A/B: Property page 6 Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

Fill in this information to identify your case:					
Debtor 1	Michael R Lucian	0			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the Amount of the exemportion you own		ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$500.00		\$500.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$200.00		\$200.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
\$20.00		\$20.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to	
	\$200.00 \$1,200.00	\$200.00 \$1,200.00 \$200.00 \$1,200.00	Schedule A/B  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$1,200.00  \$100% of fair market value, up to any applicable statutory limit  \$1,200.00  \$100% of fair market value, up to any applicable statutory limit  \$200.00  \$100% of fair market value, up to any applicable statutory limit  \$20.00  \$20.00  \$100% of fair market value, up to any applicable statutory limit  \$20.00  \$100% of fair market value, up to any applicable statutory limit

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 17 of 56

tor 1 Michael R Luciano			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
checking/savings account for minor son: US Bank	\$166.54		\$166.54	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
checking: US Bank Line from Schedule A/B: 17.3	\$21.41		\$21.41	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
Checking: US Bank Line from Schedule A/B: 17.4	\$277.76		\$277.76	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
Savings account for minor daughter: US Bank	\$595.02		\$595.02	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
savings account with father: US Bank	\$40.09		\$40.09	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 17.6			100% of fair market value, up to any applicable statutory limit	
Savings: US Bank Line from <i>Schedule A/B</i> : 17.7	\$133.99		\$133.99	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
Federal: 2016 Federal Tax Refund Line from Schedule A/B: 28.1	\$7,090.00		\$1,045.19	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
Child Support: Pursuant to a Judgment of Dissolution of Marriage	\$3,250.00			735 ILCS 5/12-1001(g)(4)
entered in the Circuit Court of Kane County Illinois in case number 2014 D 905, Debtors former spouse was to pay \$25.00 per week as and for child support. No payments received since Decembe Line from Schedule A/B: 29.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3  ■ No □ Yes. Did you acquire the property covere □ No □ Yes	3 years after that for ca	ises fi		

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

Fill in this infor	Fill in this information to identify your case:					
Debtor 1	Michael R Lucian	0				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)					Check if this is an	
					amended filing	

#### Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

		Document	Page 1	9 of 56	
Fill in th	is information to identify your	case:			
Debtor 1	Michael R Lucian	0			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
United S	tates Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
Case nu (if known)	mber				☐ Check if this is an amended filing
	l Form 106E/F Iule E/F: Creditors W	/ho Have Unsecured	Claims		12/15
any execu Schedule Schedule left. Attacl	tory contracts or unexpired leases G: Executory Contracts and Unexp	that could result in a claim. Also pired Leases (Official Form 106G). cured by Property. If more space is	list executory of Do not include needed, copy	ontracts on Schedule A/B: Prop any creditors with partially secu the Part you need, fill it out, num	ber the entries in the boxes on the
Part 1:	List All of Your PRIORITY Ur				
_	ny creditors have priority unsecure	d claims against you?			
	o. Go to Part 2.				
Dort 2:		TV Unacquired Claims			
Part 2:	List All of Your NONPRIORIT  ny creditors have nonpriority unser				
_					
□ No	<ul> <li>You have nothing to report in this p</li> </ul>	eart. Submit this form to the court with	your other sche	edules.	
4. List a	all of your nonpriority unsecured cl cured claim, list the creditor separatel one creditor holds a particular claim, I	y for each claim. For each claim liste	d, identify what t	ype of claim it is. Do not list claims	already included in Part 1. If more
					Total claim
4.1	Affiliated Acceptance Corp	Last 4 digits of ac	count number	0214	\$1,339.00
•	Nonpriority Creditor's Name 14443 N State Highway 5	When was the deb	t incurred?	2011	
1	Sunrise Beach, MO 65079  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you	file, the claim	s: Check all that apply	
I	Debtor 1 only	☐ Contingent			
_	Debtor 2 only	☐ Unliquidated			
ı	Debtor 1 and Debtor 2 only	☐ Disputed			
ı	At least one of the debtors and an	other Type of NONPRIO	RITY unsecured	d claim:	
I	☐ Check if this claim is for a com	munity			
	debt			ration agreement or divorce that y	ou did not
	s the claim subject to offset?	report as priority cla		g plans, and other similar debts	
	■ No	•		01 ,	
	Yes	Other. Specify	installment	Sales Contract	

Best Case Bankruptcy

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 20 of 56

Debtor 1 Michael R Luciano Case number (if know) 4.2 \$222.96 Alexian Brothers Medical Group Last 4 digits of account number A380 Nonpriority Creditor's Name Attn.#5588Y When was the debt incurred? 2015 PO BOx 14000 Belfast, ME 04915-4033 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical bills for child ☐ Yes 4.3 AlexianBrothers/St. AlexiusMedical Last 4 digits of account number 8393 \$2,919.77 Nonpriority Creditor's Name 22589 Network Pl. When was the debt incurred? 2015 Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical services for child Other. Specify **Alliance Pathology Consultants** \$71.19 4.4 Last 4 digits of account number 7171 Nonpriority Creditor's Name PO BOx 5967 When was the debt incurred? 2015 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 21 of 56

Debtor 1 Michael R Luciano Case number (if know) 4.5 \$3,085.00 American Express Last 4 digits of account number 8923 Nonpriority Creditor's Name Correspondence When was the debt incurred? 2012 Po Box 981540 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Credit card used primarily for necessary living expenses. Includes late fees and ☐ Yes Other. Specify accrued interest. 4.6 **American Express** Last 4 digits of account number 8643 \$1,287.00 Nonpriority Creditor's Name When was the debt incurred? 2012 Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Credit card used primarily for necessary living expenses. Includes late fees and ☐ Yes Other Specify accrued interest. 4.7 Cadence Health System/ HealthLab Last 4 digits of account number 9145 \$318.60 Nonpriority Creditor's Name 25 North Winfield Rd. When was the debt incurred? 2014-2015 Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Medical bills for child ☐ Yes Other. Specify

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 22 of 56
Case number (if know)

Debtor	<sup>1</sup> Michael R Luciano		Case number (if know)			
4.8	Calvary Portfolio Services	Last 4 digits of account number	0050	\$15,794.00		
	Nonpriority Creditor's Name 500 Summit Lake Ste 400 Valhalla, NY 10595	When was the debt incurred?	2016			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts			
	□Yes	_ primarily fo	for Citibank. Credit card used or necessary living expenses. te fees and accrued interest.			
4.9	Choice Recovery Inc Nonpriority Creditor's Name	Last 4 digits of account number	4455	\$41.00		
	1550 Old Henderson Rd Ste 100 Columus, OH 43220	When was the debt incurred?	Opened 09/13			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Medical Se	rvices for son			
4.1	Citizens Bank	Last 4 digits of account number	8148	\$4,067.00		
	Nonpriority Creditor's Name	_				
	1000 Lafayette Blvd Bridgeport, CT 06604	When was the debt incurred?	Opened 01/08 Last Active 12/07/12			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	Credit card	used primarily for necessary			

Case 17-19902 Entered 06/30/17 16:15:17 Doc 1 Filed 06/30/17 Desc Main Document Page 23 of 56

Debtor 1 Michael R Luciano Case number (if know) 4.1 **ELG Suburban Womens HLTH** 2846 \$412.01 Last 4 digits of account number Nonpriority Creditor's Name 2350 Royal Blvd. When was the debt incurred? 2015 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical Services 4.1 **ERC/Enhanced Recovery Corp** 9208 \$1,254.00 Last 4 digits of account number Nonpriority Creditor's Name 8014 Bayberry Rd When was the debt incurred? **Opened 09/16** Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Telephone services ☐ Yes 4.1 IC Systems. Inc 6399 \$72.00 Last 4 digits of account number Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? Opened 05/16 St Paul, MN 55127 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured debt

☐ Yes

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 24 of 56

Case number (if know) Debtor 1 Michael R Luciano 4.1 **Kaya Martial Arts** 0214 \$1,449.00 Last 4 digits of account number Nonpriority Creditor's Name 2785 W. Algonquin Rd. When was the debt incurred? 2013 Algonquin, IL 60102 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Payment for child activity ☐ Yes 4.1 Kohls/Capital One 7346 \$795.00 Last 4 digits of account number Nonpriority Creditor's Name **Kohls Credit** When was the debt incurred? 2014 Po Box 3043 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Credit card used primarily for necessary living expenses. Includes late fees and ☐ Yes Other. Specify accrued interest. 4.1 Midland Funding 7355 \$989.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 2015 Po Box 939069 San Diego, CA 92193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No CitiBank NA Credit card used primarily for necessary living expenses. Includes late ☐ Yes Other. Specify fees and accrued interest.

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 25 of 56

Case number (if know) Debtor 1 Michael R Luciano 4.1 **Portfolio Recovery** 7981 \$1,186.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 41067 When was the debt incurred? 2013 Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Citibank N.A. credit card used primarily for necessary living expenses. Includes late ☐ Yes Other. Specify fees and accrued interest. 4.1 **Real Time Resolutions** 0133 \$12,974.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 8/15/13 Po Box 36655 **Dallas, TX 75235** Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts deficiency judgment resulting from ☐ Yes Other. Specify mortgage foreclosure lawsuit 4.1 Suburban Maternal Fetal Medicine 2428 \$15.93 Last 4 digits of account number 9 Nonpriority Creditor's Name 1555 N. Barrington Rd., Bld. 1 When was the debt incurred? 2015 Ste. 215 Hoffman Estates, IL 60169 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Medical service

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 26 of 56

Case number (if know) Debtor 1 Michael R Luciano 4.2 Transworld System, Inc. 5438 \$526.23 Last 4 digits of account number 0 Nonpriority Creditor's Name 507 Prudential Rd. 2007 When was the debt incurred? Horsham, PA 19044 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Nicore Gas balance Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Affiliated Acceptance Corporation Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 790001 Part 2: Creditors with Nonpriority Unsecured Claims Sunrise Beach, MO 65079 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Blatt, Hasenmiller, Leibsker & Moore Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 10 S. LaSalle St., Suite 200 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60603-1069 Last 4 digits of account number 1751 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Sunrise Credit Services, Inc. Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O.Box 9100 ■ Part 2: Creditors with Nonpriority Unsecured Claims Farmingdale, NY 11735 Last 4 digits of account number 5510 Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00 Total Priority, Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f Student loans 6f. 0.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 0.00 6a. you did not report as priority claims

6h.

Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

here.

0.00

48.818.69

Entered 06/30/17 16:15:17 Desc Main Case 17-19902 Doc 1 Filed 06/30/17 Page 27 of 56 Case number (if know) Document

Debtor 1 Michael R Luciano

Total Nonpriority. Add lines 6f through 6i.

6j. \$ 48,818.69 Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

		IAMAIII.	1 11111. 2 (1 (1) - 10)	
Fill in this infor	mation to identify your	case:		
Debtor 1	Michael R Lucian	10		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this i amended filin

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Robert C. Luciano 3918 N. Olcott Avenue Chicago, IL 60634 Month to month lease

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

		Document	Page 29 of 56	
Fill in th	nis information to identify your	case:		
Debtor 1	Michael R Lucian	0		
	First Name	Middle Name	Last Name	
Debtor 2		Maria Nama	Land Name	
(Spouse if,	5.	Middle Name	Last Name	
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS	
Case nu	ımher			
(if known)				☐ Check if this is an
				amended filing
~ ((; ·	1.5			
	al Form 106H			
<u>Sche</u>	edule H: Your Code	ebtors		12/15
Deople a ill it out, vour nan  1. D  N Y  2. W  Ariz  N Y  3. In C in li Fori	are filing together, both are equal, and number the entries in the me and case number (if known) to you have any codebtors? (If yold of the last 8 years, have you ona, California, Idaho, Louisiana, lo. Go to line 3. Yes. Did your spouse, former spousolumn 1, list all of your codebtine 2 again as a codebtor only in the last 8 years.	ally responsible for supplying boxes on the left. Attach the a. Answer every question.  You are filing a joint case, do not lived in a community propert Nevada, New Mexico, Puerto Fuse, or legal equivalent live with ors. Do not include your spouf that person is a guarantor or	Additional Page to this page. On the list either spouse as a codebtor.  y state or territory? (Community produce, Texas, Washington, and Wiscon you at the time?  se as a codebtor if your spouse is a cosigner. Make sure you have list.	is needed, copy the Additional Page, e top of any Additional Pages, write
	Column 1: Your codebtor	D.Code		e creditor to whom you owe the debt
	Name, Number, Street, City, State and ZI	P Code	Check all sche	edules that apply:
3.1	Danielle Beaton		☐ Schedule	, <u>—</u>
	1023 Interloch Court Algonquin, IL 60102-4111			E/F, line <b>4.2</b>
	/// // // // // // // // // // // // //		☐ Schedule	
			Alexian Bro	thers Medical Group
0.0	B. C. H. B		<b>5</b>	
3.2	Danielle Beaton 1023 Interloch Court			D, line
	Algonquin, IL 60102-4111			E/F, line <b>4.3</b>
	<b>5</b> . ,		☐ Schedule	G hers/St. AlexiusMedical
			Alexianbrot	iiei ə/ət. Aiexiusivieuicai
3.3	Danielle Beaton		∏ Schedule	D, line
0.0	1023 Interloch Court			E/F, line <b>4.4</b>
	Algonquin, IL 60102-4111		□ Schedule	
				hology Consultants
				<b>5</b> ,

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 30 of 56

Case number (if known)

	Additional Page to List More Codebtors  Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Danielle Beaton 1023 Interloch Court Algonquin, IL 60102-4111	□ Schedule D, line ■ Schedule E/F, line □ Schedule G Cadence Health System/ HealthLab
3.5	Danielle Beaton 1023 Interloch Court Algonquin, IL 60102-4111	☐ Schedule D, line ■ Schedule E/F, line4.11 ☐ Schedule G ELG Suburban Womens HLTH
3.6	Danielle Beaton 1023 Interloch Court Algonquin, IL 60102-4111	☐ Schedule D, line ■ Schedule E/F, line4.19 ☐ Schedule G Suburban Maternal Fetal Medicine

Debtor 1 Michael R Luciano

# Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 31 of 56

Fill	in this information to identify your ca	ase:								
	otor 1 Michael R L									
	otor 2  puse, if filing)									
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_					
(If kr	fficial Form 106l					13 ind	mended oplemen come as	nt showing pos s of the follow		napter
_	chedule I: Your Inc	omo				MM /	DD/ YY	ΥΥ		12/15
sup spo atta Par	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **Describe Employment**	are married and not filing wi	ng jointly, and your s ith you, do not includ	pouse i e inforr	s livin natior	ng with you n about you	ı, includ ur spou	de informationse. If more s	on about yo pace is ne	our eded,
1.	Fill in your employment information.		Debtor 1			De	btor 2	or non-filing	spouse	
	If you have more than one job, attach a separate page with information about additional employers.			■ Employed			☐ Employed			
			☐ Not employed			☐ Not employed				
	Include part-time, seasonal, or	Occupation	Multi Unit Manager  Ganeshay Inc.							
	self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address	700 E. Higgins Road Park Ridge, IL 60068							
		How long employed t	here? 2 years							_
Pai	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	oort for	any lir	ne, write \$0	in the s	space. Include	your non-fi	iling
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	mploy	ers for that	person	on the lines b	pelow. If you	u need
					i	For Debtor	1	For Debtor non-filing s		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_	4,846	6.16	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$_		0.00	+\$	N/A	

4,846.16

N/A

Calculate gross Income. Add line 2 + line 3.

# Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 32 of 56

Deb	tor 1	Michael R Luciano	-	С	ase	number (if known)				
					For	Debtor 1		Debtor filing s	2 or spouse	
	Cop	by line 4 here	4.		\$	4,846.16	\$		N/A	<u> </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	1,391.98	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ _	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	\$		N/A	_
	5e.	Insurance	5e.		\$	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$	0.00	\$		N/A	_
	5g.	Union dues	5g.		\$	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h.	.+	\$	0.00	+ \$		N/A	<u> </u>
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$	1,391.98	\$		N/A	<u>.                                    </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	₿	3,454.18	\$		N/A	<u> </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$_	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$	0.00	\$		N/A	_
	8e.	Social Security	8e.		\$	0.00	\$		N/A	1
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g.		\$ _	0.00	—		N/A	_
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$	0.00	+ »		N/A	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,454.18 + \$		N/A	= \$	3,454.18
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	.0.	Ψ_		5, <del>757.10</del>		11//		3,434.10
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:	depe		,	•	•		e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies						12.	\$	3,454.18
13.	Do :	you expect an increase or decrease within the year after you file this form	?						Combi month	ned ly income
		No.								

# Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 33 of 56

Estr.	n thin informa	tion to identify							
FIII	n this informat	tion to identify yo	ur case:						
Debt	tor 1	Michael R Lu	ıciano				ck if this is:		
Debt	tor 2						An amended filing	ving postpotition shorter	
	ouse, if filing)						13 expenses as of	ving postpetition chapter the following date:	
(-1-	3,								
Unite	ed States Bankri	uptcy Court for the:	NORTH	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY		
Case	e number								
1	nown)								
		-							
∩f	ficial Ea	rm 106J							
		J: Your I						12/1	5
info	rmation. If m		eded, atta	. If two married people and the control of the cont					
Part	1 Descr	ibe Your House	hold						
1.	Is this a join		<u> </u>						_
	■ No. Go to	line 2							
	_		n a separ	ate household?					
	□ No								
	_		t file Offic	ial Form 106J-2, Expenses	s for Separate Housel	hold of Deb	otor 2.		
_			_	-, -, -, -, -, -, -, -, -, -, -, -, -, -					
2.	Do you have	e dependents?	☐ No						
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents i				Daughter		2	■ Yes	
								□ No	
					son		10	■ Yes	
								□ No	
								☐ Yes	
								□ No	
								☐ Yes	
3.		enses include		No					
		f people other th d your depender		Yes					
	yoursen and	a your depender	113:						
		ate Your Ongoir							
exp				uptcy filing date unless y ey is filed. If this is a supp					
Incl	ude exnense	s paid for with r	ion-cash	government assistance i	f vou know				
				cluded it on Schedule I:					
(Off	icial Form 10	6I.)					Your expe	enses	
_									
4.		r home owners d any rent for the		nses for your residence. I or lot.	nclude first mortgage	4. 9	\$	1,300.00	
	If not includ	ed in line 4:							
	4a. Real e	state taxes				4a. S	\$	0.00	
	•	rty, homeowner's				4b. 9	\$	0.00	
				upkeep expenses		4c. S	· ————	25.00	
_		owner's associat				4d. 9		0.00	
5.	Additional n	nortgage payme	ents for ve	<b>our residence,</b> such as ho	me equity loans	5. 9	D .	0.00	

## Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 34 of 56

Deb	otor 1	Michael	R Luciano	Case	num	ber (if know	n)
6.	Utiliti	ies:					
-	6a.		heat, natural gas		За.	\$	305.00
	6b.		wer, garbage collection		3b.	\$	75.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable service	ces	ôс.	\$	423.01
	6d.	Other. Sp	ecify:		3d.	\$	0.00
7.	Food	and hous	ekeeping supplies	_	7.	\$	900.00
8.			children's education costs		8.	\$	0.00
9.	Cloth	ning, laund	ry, and dry cleaning		9.	\$	150.00
10.	Perso	onal care p	products and services		10.	\$	18.00
		-	ntal expenses		11.	\$	0.00
			Include gas, maintenance, bus or train fare.			· —	
			ar payments.		12.	*	220.00
13.	Enter	rtainment,	clubs, recreation, newspapers, magazines, a	and books	13.	\$	0.00
14.	Chari	itable cont	ributions and religious donations		14.	\$	0.00
15.	Insur	rance.					
			surance deducted from your pay or included in				
	15a.	Life insura	ince		ōа.		0.00
	15b.	Health ins	urance	1:	5b.	\$	674.72
	15c.	Vehicle in	surance	1:	5c.	\$	187.50
	15d.	Other insu	rance. Specify:	15	5d.	\$	0.00
16.			clude taxes deducted from your pay or included	d in lines 4 or 20.			
	Speci	,			16.	\$	0.00
17.			ease payments:				
			ents for Vehicle 1		7a.		450.00
			ents for Vehicle 2		7b.		0.00
		Other. Spe	-	1	7c.	\$	0.00
		Other. Spe	·		7d.	\$	0.00
18.			of alimony, maintenance, and support that y		10	¢.	0.00
40			your pay on line 5, Schedule I, Your Income	(Omolai i omi rool).	18.		
19.			s you make to support others who do not liv	•		\$	0.00
20	Speci	·	outer assume a sea to alread in times. A out F of		19.		_
20.			erty expenses not included in lines 4 or 5 of son other property		a.		e. 0.00
		Real estat			oa. Ob.		0.00
					ж. Эс.		-
			homeowner's, or renter's insurance		oc. Od.		0.00
			nce, repair, and upkeep expenses				0.00
0.4			er's association or condominium dues		)e.		0.00
21.	Otne	r: Specity:	education expenses for minor children	en .	21.	+\$	100.00
22.	Calcu	ulate your	monthly expenses				
		-	through 21.			\$	4,828.23
	22b. (	Copy line 2	2 (monthly expenses for Debtor 2), if any, from	Official Form 106J-2		\$	,
			a and 22b. The result is your monthly expense			\$	4,828.23
	220.7	riad iirio EE	a and 225. The result is your morning expenses				4,020.23
23.		-	monthly net income.				
	23a.	Copy line	12 (your combined monthly income) from Sche		За.		3,454.18
	23b.	Copy your	monthly expenses from line 22c above.	23	3b.	-\$	4,828.23
	23c.		our monthly expenses from your monthly incom	ie.	٦.	¢	-1,374.05
		The result	is your monthly net income.	2	3c.	\$	-1,374.03
24	De	011 0V=004	on increase or decrease in view eventures	thin the year often year file	h:-	form?	
∠4.			an increase or decrease in your expenses we but expect to finish paying for your car loan within the y				ncrease or decrease because of a
			terms of your mortgage?	ca. c. ac you expect your mortge	3~ F	- ayınıdın tü i	
	■ No						
	Пу		Explain here:				

### Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 35 of 56

Fill in this inform	nation to identify you	r 00001			
Debtor 1	Michael R Lucia First Name	Niddle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	T OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Form	106Dec				
		امينامانيناماييما	Dobtorio Cok	. adıılaa	
Declarat	ion About	an individual	Debtor's Sch	iedules	12/15
If two married ne	onle are filing togeth	er, both are equally respo	onsible for supplying corre	ct information	
•			,		
					ement, concealing property, or 00, or imprisonment for up to 20
	3 U.S.C. §§ 152, 1341,		kruptcy case can result in	ines up to \$250,0	ou, or imprisonment for up to 20
•	, ,	•			
Sign	Below				
Did you pay	or agree to pay som	eone who is NOT an atto	rney to help you fill out bar	nkruptcy forms?	
■ No					
				5	
☐ Yes. N	lame of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
				Deciaration	r, and dignature (Gillelai i Gilli 113)
	ty of perjury, I declar true and correct.	e that I have read the sum	nmary and schedules filed	with this declarati	on and
X /s/ Mick	nael R Luciano		Х		
	I R Luciano		Signature of Do	ebtor 2	
Signatur	e of Debtor 1		-		

Date \_\_\_\_\_

Date June 30, 2017

# Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 36 of 56

HIII	in this inform	ation to identify you	r ease:								
	otor 1	Michael R Lucia									
DOL	7.01	First Name	Middle Name	Last Name							
	otor 2 use if, filing)	First Name	Middle Name	Last Name							
Unit	ted States Ban	kruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS							
Coo	o numbor		-								
(if kn	se number own)				_	Check if this is an amended filing					
	ficial For atement		Affairs for Individ	duals Filing for B	ankruptcy	4/10					
infoi num	rmation. If mo	ore space is needed, ). Answer every que	ble. If two married people a attach a separate sheet to stion. arital Status and Where You	this form. On the top of any							
1.	What is your	current marital statu	ıs?								
	<ul><li>□ Married</li><li>■ Not marr</li></ul>	ied									
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?							
	□ No	□ No									
	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.										
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there					
	1023 Interlo		From-To: <b>2013-2015</b>	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:					
3. state	No Yes. Mal	es include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev nedule H: Your Codebtors (Of r Income	vada, New Mexico, Puerto R							
4.	Fill in the total	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part	time activities.	endar years?					
	□ No										
	Yes. Fill	in the details.									
			Debtor 1		Debtor 2						
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)					
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$28,038.48	☐ Wages, commissions, bonuses, tips						
			☐ Operating a business		☐ Operating a business						

Official Form 107

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document

Page 37 of 56
Case number (if known) Debtor 1 Michael R Luciano

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incor Check all that app		Gross income (before deductions and exclusions)
		idar year: December	31, 2016 )	■ Wages, commissions, bonuses, tips	\$60,049.94	☐ Wages, comm bonuses, tips	issions,	
				☐ Operating a business		Operating a bu	usiness	
		dar year be December		■ Wages, commissions, bonuses, tips	\$27,284.59	☐ Wages, comm bonuses, tips	issions,	
				☐ Operating a business		Operating a bu	usiness	
L	ist each	•	the gross inco		you received together, list it c	•		
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incor Describe below.	me	Gross income (before deductions and exclusions)
Part 3	3: Lis	t Certain Pa	yments You	Made Before You Filed for	Bankruptcy			
	<b>Are eithe</b> ☑ No.	Neither Doindividual   During the No. Yes	ebtor 1 nor D primarily for a 90 days befo Go to line 7. List below e paid that cre not include	personal, family, or househore you filed for bankruptcy, diach creditor to whom you pareditor. Do not include payments to an attorney for the	umer debts. Consumer debts Id purpose." id you pay any creditor a tota id a total of \$6,425* or more ints for domestic support oblig	l of \$6,425* or more n one or more paym ations, such as child	? lents and th d support ar	e total amount you
•	Yes.			r <b>both have primarily consu</b> re you filed for bankruptcy, di	umer debts. id you pay any creditor a tota	I of \$600 or more?		
		□ <sub>No.</sub>	Go to line 7.					
		■ Yes	include payı		id a total of \$600 or more and bligations, such as child supp			
•	Creditor	's Name an	d Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this pa	ayment for
					paid	Juli OWG		

Robert Luciano April,	, 2017, May, \$3,900.00	, en on r	<b>3</b>
3918 N. Olcott 2017 Chicago, IL 60634 2017	and June,	] ] ]	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Rent

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

Page 38 of 56
Case number (if known) Document Debtor 1 Michael R Luciano

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for
	Robert Luciano 3918 N. Olcott Chicago, IL 60634	April, 2017, May, 2017 and June, 2017	\$1,350.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Cal ☐ Loan Rep ☐ Suppliers ☐ Other Recar loan in creditor	ayment or vendors imbursement for
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partners partners are more of their voting	erships of which yog securities; and ar	u are a general ny managing ag	partner; corporations gent, including one for
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
Par	Include payments on debts guaranteed or cos  No Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession	Dates of payment	Total amount paid	Amount you still owe	Reason for t	<b>his payment</b> tor's name
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	Midland Funding LLC v. Michael Luciano 17 M2 001144	Breach of contract action based on a credit card debt	Circuit Court o County, Illinois 5600 Old Orcha Skokie, IL 6007	s ard Road	■ Pending □ On appea □ Conclude	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	d			property

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main

Page 39 of 56
Case number (if known) Document Debtor 1 Michael R Luciano

<ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from accounts or refuse to make a payment because you owed a debt?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>			mounts from your		
	Creditor Name and Address	Des	scribe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or ■ No □ Yes		as any of your property in the possession of an a er official?	assignee for the bene	efit of creditors, a
Par	t 5: List Certain Gifts and Contribution	s			
13.	■ No □ Yes. Fill in the details for each gift.		lid you give any gifts with a total value of more t		
	Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and Address:	0	Describe the gifts	Dates you gave the gifts	Value
14.			lid you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Include	the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers	<b>;</b>			
16.	consulted about seeking bankruptcy or p	oreparin	d you or anyone else acting on your behalf pay on a bankruptcy petition?  s, or credit counseling agencies for services required		rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Case 17-19902 Page 40 of 56 Case number (if known) Document

Debtor 1 Michael R Luciano

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and variansferred	alue of any prope	rty	Date payment or transfer was made	Amount of payment
	Hymen & Blair, P.C. 1411 McHenry Road, Ste. 125 Buffalo Grove, IL 60089 jhymen@jhymenlaw.com				\$1,265.00 in attorneys fees plus \$335.00 in court costs totalling \$1,600.00 paid in May, 2017 and June, 2017	\$1,600.00
	Allen Credit & Debt Counseling 195 Brook St. E. Wessington, SD 57381 acdas.com				June, 2017	\$20.00
	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you  No Yes. Fill in the details.	s or to make payments			r transfer any prop	erty to anyone who
	Person Who Was Paid Address	Description and v	alue of any prope	rty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details.	siness or financial affa de as security (such as t	airs? the granting of a se			
	Person Who Received Transfer Address Person's relationship to you	Description and v			iny property or received or debts change	Date transfer was made
	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot ■ No □ Yes. Fill in the details.		y property to a se	lf-settled tru	st or similar device	e of which you are a
	Name of trust	Description and v	alue of the proper	rty transferre	ed	Date Transfer was made
Par	8: List of Certain Financial Accounts, Inst	truments, Safe Deposi	Boxes, and Stora	age Units		
	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ  No	other financial accou	nts; certificates of		•	, , ,
	Yes. Fill in the details.					
		Last 4 digits of account number	Type of account instrument	clo mo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Page 41 of 56 Case number (if known) Document

Debtor 1 Michael R Luciano

21.		you now have, or did you have within 1 year h, or other valuables?	before you filed for bankruptcy, ar	y safe deposit box or other deposito	ory for securities,
		No			
		Yes. Fill in the details.			
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Hav	ve you stored property in a storage unit or pl	ace other than your home within 1	year before you filed for bankruptcy	?
		No Yes. Fill in the details.			
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Pai	t 9:	Identify Property You Hold or Control for	Someone Else		
23.		you hold or control any property that someo someone.	one else owns? Include any propert	y you borrowed from, are storing for	r, or hold in trust
		No Yes. Fill in the details.			
		vner's Name Idress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
	39	obert Luciano 18 N. Olcott nicago, IL 60634	409 N. Western Avenue Park Ridge, IL 60068	2011 Ford Expedition (115,000 miles). Kelly Blue Book values at \$10,386.00. Subject to Auto Loan in the Owner's name having a balance of \$19,191.32 as if May 7, 2017.	\$10,386.00
Pai	t 10:	Give Details About Environmental Informa	ation		
For	the	ourpose of Part 10, the following definitions	apply:		
	tox	vironmental law means any federal, state, or ic substances, wastes, or material into the a ulations controlling the cleanup of these sul	ir, land, soil, surface water, ground	<del>-</del> -	
	to c	e means any location, facility, or property as own, operate, or utilize it, including disposal	sites.		
		cardous material means anything an environ ardous material, pollutant, contaminant, or s		waste, hazardous substance, toxic s	substance,
Rep	ort a	all notices, releases, and proceedings that yo	ou know about, regardless of when	they occurred.	
24.	Has	s any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environm	ental law?
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
			•		

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Page 42 of 56
Case number (if known) Document Debtor 1 Michael R Luciano

25.	Hav	e you notified any governmental unit o	f any release of hazardous material?						
		No							
		Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, know it	, if you Date of notice				
26.	Hav	e you been a party in any judicial or ad	ministrative proceeding under any envi	ronmental law? Include	settlements and orders.				
		No Yes. Fill in the details.							
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11:	Give Details About Your Business or	Connections to Any Business						
27.	Witl	nin 4 years before you filed for bankrup	tcy, did you own a business or have an	y of the following conne	ections to any business?				
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time or part-t	ime				
			pany (LLC) or limited liability partnersh						
		☐ A partner in a partnership		,					
		☐ An officer, director, or managing ex	secutive of a corporation						
		☐ An owner of at least 5% of the voting or equity securities of a corporation							
		No. None of the above applies. Go to							
	_	••	I in the details below for each business						
		siness Name	Describe the nature of the business	Employer Identific	eation number				
	Ad	dress mber, Street, City, State and ZIP Code)			Do not include Social Security number or ITIN.				
	(IVUI	inder, Street, City, State and ZIF Code)	Name of accountant or bookkeeper	Dates business ex	cisted				
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, did you give a financial statement t	o anyone about your bu	siness? Include all financial				
		No							
		Yes. Fill in the details below.							
		me dress mber, Street, City, State and ZIP Code)	Date Issued						
Par	t 12:	Sign Below							
are with	true a ba	and correct. I understand that making a	nancial Affairs and any attachments, an a false statement, concealing property, \$250,000, or imprisonment for up to 20	or obtaining money or p	ty of perjury that the answers roperty by fraud in connection				
		hael R Luciano	Signature of Debtor 2						
		el R Luciano re of Debtor 1	Signature of Debtor 2						
Dat	е _	June 30, 2017	Date						
Did	you	attach additional pages to Your Statem	ent of Financial Affairs for Individuals F	Filing for Bankruptcy (Of	ificial Form 107)?				
<b>I</b> N	lo	• •			,				
□ Y	'es								
Did ■ N	-	pay or agree to pay someone who is no	ot an attorney to help you fill out bankru	ptcy forms?					
			uptcy Petition Preparer's Notice, Declaration		Form 119).				
Offic	cial Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page								

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Page 43 of 56 Case number (if known) Document

Debtor 1 Michael R Luciano

### Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 44 of 56

Fill in this inform	mation to identify your	case:		
Debtor 1	Michael R Lucian	0		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
	inkruptcy Court for the:	NORTHERN DISTR		
Officed States Da	inkruptcy Court for the.	NOITHERN BIOTH	TOT OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing
You must file this whiche on the f	ever is earlier, unless the form eople are filing togethe	vithin 30 days after you ne court extends the	expired.  ou file your bankruptcy petition or by the date time for cause. You must also send copies to  are equally responsible for supplying correct	the creditors and lessors you list
Be as complete a write yo	nd date the form.  and accurate as possik  our name and case nui  our Creditors Who Hav	mber (if known).	needed, attach a separate sheet to this form. C	On the top of any additional pages,
	ors that you listed in P		Creditors Who Have Claims Secured by Prope	enter (Official Forms 400D). (III in the
				erty (Official Form 106D), fill in the
	editor and the property t	hat is collateral	What do you intend to do with the property the secures a debt?	hat Did you claim the property
Creditor's	editor and the property t	hat is collateral	secures a debt?	hat Did you claim the property as exempt on Schedule C?
Creditor's name:	editor and the property t	hat is collateral	secures a debt?  □ Surrender the property.	hat Did you claim the property
name:		hat is collateral	secures a debt?  Surrender the property. Retain the property and redeem it. Retain the property and enter into a	hat Did you claim the property as exempt on Schedule C?
name:  Description of		chat is collateral	secures a debt?  □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement.	hat Did you claim the property as exempt on Schedule C?  □ No
name:		chat is collateral	secures a debt?  Surrender the property. Retain the property and redeem it. Retain the property and enter into a	hat Did you claim the property as exempt on Schedule C?  □ No
name:  Description of property		chat is collateral	secures a debt?  □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement.	hat Did you claim the property as exempt on Schedule C?  □ No

Official Form 108

Creditor's

Description of

securing debt:

Description of

securing debt:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

 $\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 $\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

□ No

☐ Yes

☐ No

# Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 45 of 56

Debtor 1	Michael R Luciano	Case number (if kr	nown)
name: Descrip	otion of	<ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> </ul>	☐ Yes
propert		Retain the property and [explain]:	
securin	g debt:		
	List Your Unexpired Personal Property	y Leases /ou listed in Schedule G: Executory Contracts and Unex	mired Leases (Official Form 106G), fill
in the info	rmation below. Do not list real estate l	eases. Unexpired leases are leases that are still in effect	t; the lease period has not yet ended.
You may a	assume an unexpired personal propert	y lease if the trustee does not assume it. 11 U.S.C. § 365	(p)(2).
Describe	your unexpired personal property leas	ses	Will the lease be assumed?
	,		
Lessor's r			□ No
Description Property:	on of leased		□ v
r roporty.			☐ Yes
Lessor's r	name:		□ No
•	on of leased		
Property:			☐ Yes
Lessor's r	name:		□ No
	on of leased		
Property:			☐ Yes
Lessor's r	name:		□ No
	on of leased		L 110
Property:			☐ Yes
Lessor's r	name:		□ No
Description	on of leased		<b>—</b> 140
Property:			☐ Yes
Lessor's r	name:		□ No
•	on of leased		_ 140
Property:			☐ Yes
Lessor's r	name:		□ No
	on of leased		
Property:			☐ Yes
Part 3:	Sign Below		
-			
	nalty of perjury, I declare that I have inc hat is subject to an unexpired lease.	licated my intention about any property of my estate tha	t secures a debt and any personal
		v	
	lichael R Luciano hael R Luciano	X Signature of Debtor 2	
	ature of Debtor 1	- · · · · · · · · · · · · · · · · · · ·	
3			
Date	June 30, 2017	Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 50 of 56

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

In re	Michael R Luciano		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR D	EBTOR(S)	
c	ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(1) ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be pai	d to me, for services rer	ndered or to
	For legal services, I have agreed to accept		\$	1,265.00	
	Prior to the filing of this statement I have received		\$	1,265.00	
	Balance Due		\$	0.00	
2. T	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
<b>4</b> . ■	I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are men	mbers and associates of	my law firm.
[	I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				w firm. A
5. I	n return for the above-disclosed fee, I have agreed to ren	nder legal service for all aspect	s of the bankruptcy	case, including:	
b. c.	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul>				
6. B	y agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding.	does not include the following		ces, relief from stay	actions or
		CERTIFICATION			
	certify that the foregoing is a complete statement of any nkruptcy proceeding.	agreement or arrangement for	payment to me for	representation of the de	ebtor(s) in
Ju	ne 30, 2017	/s/ Joel S. Hymen	l		
Da	te	Joel S. Hymen Signature of Attorne Jole S. Hymen 1411 McHenry Ro Buffalo Grove, IL 847-276-2790 Fa	I., Suite 125 60089		
		jhymen@jhymen			
		Name of law firm			

### **United States Bankruptcy Court** Northern District of Illinois

In re	Michael R Luciano		Case No.		
		Debtor(s)	Chapter <b>7</b>		
	VE	RIFICATION OF CREDITOR M	ATRIX		
	Number of Creditors:				
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	ors is true and correct to the	ne best of my	
Date:	June 30, 2017	/s/ Michael R Luciano Michael R Luciano Signature of Debtor			

Affiliated Acceptance Corp 14443 N State Highway 5 Sunrise Beach, MO 65079

Affiliated Acceptance Corporation PO Box 790001 Sunrise Beach, MO 65079

Alexian Brothers Medical Group Attn.#5588Y PO BOx 14000 Belfast, ME 04915-4033

AlexianBrothers/St. AlexiusMedical 22589 Network Pl. Chicago, IL 60673

Alliance Pathology Consultants PO BOx 5967 Carol Stream, IL 60197

American Express Correspondence Po Box 981540 El Paso, TX 79998

Blatt, Hasenmiller, Leibsker & Moore 10 S. LaSalle St., Suite 200 Chicago, IL 60603-1069

Cadence Health System/ HealthLab 25 North Winfield Rd. Winfield, IL 60190

Calvary Portfolio Services 500 Summit Lake Ste 400 Valhalla, NY 10595

Choice Recovery Inc 1550 Old Henderson Rd Ste 100 Columus, OH 43220

Citizens Bank 1000 Lafayette Blvd Bridgeport, CT 06604 ELG Suburban Womens HLTH 2350 Royal Blvd. Elgin, IL 60123

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

IC Systems, Inc 444 Highway 96 East St Paul, MN 55127

Kaya Martial Arts 2785 W. Algonquin Rd. Algonquin, IL 60102

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Real Time Resolutions Attn: Bankruptcy Po Box 36655 Dallas, TX 75235

Suburban Maternal Fetal Medicine 1555 N. Barrington Rd., Bld. 1 Ste. 215 Hoffman Estates, IL 60169

Sunrise Credit Services, Inc. P.O.Box 9100 Farmingdale, NY 11735

Transworld System, Inc. 507 Prudential Rd. Horsham, PA 19044

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 55 of 56

## **United States Bankruptcy Court Northern District of Illinois**

In re	Michael R Luciano		Case No.	
		Debtor(s)	Chapter	7

### AFFIDAVIT EVIDENCING COMPLIANCE WITH GENERAL RULE 39

Affiant is the attorney of record for

#### Michael R Luciano

and has knowledge of the matters covered by this affidavit and has read General Rule 39.

Affiant has not directly or indirectly solicited employment by the above-named party or parties, and knows of no solicitation of said party or parties by any person that has resulted in the employment of the affiant, except (here state all exceptions, or if none state "no exception").

#### No Exception.

Affiant has not paid, or promised to pay, and knows of no payment or promise of payment to the above-named party, or parties, of the costs of this case, or of the medical, living or other expenses of any party, or of any part of an attorney's fee, or of any portion of the recovery by suit or settlement herein to any person whatever other than the above-named party or parties and the attorneys of record herein, except (here state all exceptions, or if none state "no exception").

#### No Exception.

Affiant has filed contemporaneously herewith a signed copy of any written contingent fee agreement applicable to his compensation for representing the above-named party or parties in this action and represents that signed copy thereof has been furnished to each party whom he represents; if no copy of a contingent fee agreement is filed herewith, affiant represents that his compensation for services in this case is not on a contingent basis.

I, Joel S. Hymen, cert	ify under penalty of perjury that the a	above is true and correct.	
Executed on June 3	0, 2017	/s/ Joel S. Hymen	
		Signature Joel S. Hymen	

Case 17-19902 Doc 1 Filed 06/30/17 Entered 06/30/17 16:15:17 Desc Main Document Page 56 of 56

## **United States Bankruptcy Court Northern District of Illinois**

In re	Michael R Luciano		Case No	Case No		
-		Debtor				
			Chapter	7		

### **DECLARATION OF COMPLIANCE WITH RULE 9009**

The undersigned is the attorney for the debtor in this case.

The undersigned declares under penalty of perjury that the Schedules and Forms filed in this case for the debtor were computer generated using *Best Case Bankruptcy* and conform with those prescribed by Bankruptcy Rule 9009.

Date June 30, 2017 /s/ Joel S. Hymen

Signature of attorney
Joel S. Hymen
Jole S. Hymen
1411 McHenry Rd., Suite 125
Buffalo Grove, IL 60089
847-276-2790